

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/27/03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99070 ST and 99070 AS in the amount of \$480.10.

### **II. RATIONALE**

The services in dispute were denied as “F-Z560-The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix.”

There is no Maximum Allowable Reimbursement for CPT 99070. Per Commission Rule 133.307 (j)(F) states, in part, “...if the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code §413.011...” The Requestor provided an itemized list of charges. The provider did not submit documentation that demonstrates that the amount of reimbursement requested is “usual and customary”.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 08<sup>th</sup> day of March 2004.

Terri Chance  
Medical Dispute Resolution Officer  
Medical Review Division

TC/tc